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ABSTRACT

After briefly noting trends in major changes occurring in American society during the past 20 years, this booklet cites and interprets some specific changes taking place in family demographics during the past decade. While it is argued that general trends in family characteristics and child health and development are beginning to show signs of improving, a number of disturbing social indicators are mentioned that point to serious problems and unmet needs for large segments of the population. The significance of public policy for improved human services is discussed, followed by presentation of a brief case study of one major metropolitan area in the United States, the city of Houston. (Author/MP)

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American Families and Social Policies for Services to Children

AMERICAN FAMILIES AND SOCIAL POLICIES FOR SERVICES TO CHILDREN[1]

by

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Abstract

Major changes have occurred the past twenty years in American society. After briefly noting these trends, some specific changes in family demographics during the past decade are cited and interpreted. While the general trends in family characteristics, child health, and development are beginning to show signs of improvement, a number of disturbing social indicators point to serious problems and unmet needs for large segments of the population. The significance of public policy for improved human services is discussed, followed by a brief case study of one major metropolitan area in the United States, the city of Houston.

Hogg Foundation for Mental Health
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AMERICAN FAMILIES AND SOCIAL POLICIES FOR SERVICES TO CHILDREN

American Society the Past Twenty Years

Life magazine devoted an entire issue twenty years ago to the American Dream as articulated by the leaders of that generation. With their characteristic optimism, many Americans were confident that American technology and social engineering would lead mankind into the Promised Land in our lifetime. Excited by John F. Kennedy's vision of the New Frontier, the majority of Americans strongly supported an amazing amount of social legislation aimed at eliminating poverty, enriching education, reducing crime, improving the health of the nation, and promoting equal rights for all citizens. During one brief moment in the fall of 1963, the American Dream turned into a nightmare. A shocked nation was brought to its knees by the unbelievable assassination of its young President.

Determined to carry on with President Kennedy's unfinished social agenda, President Johnson launched his own major program to promote the Great Society. In spite of the Vietnam war which soon erupted and raged out of control, planners and futurists continued to talk about the budget surplus that would accrue from full employment and the effective adoption of new technology. The pursuit of material comfort and happiness for all was so enticing a dream that the nightmares were easily repressed throughout most of the 1960s. It was readily apparent to many observers, however, that something was badly amiss in America.

The college student revolt began in 1964. Starting with Berkeley and the flower children of San Francisco, the counterculture movement rapidly spread throughout the leading universities of the country. The illusion of a national consensus quickly melted in the face of controversy and protest. The early doctrine of divine

discontent was replaced by educated discontent of a secular nature. Rapidly rising expectancies were transformed into entitlements. The campus rebellion led to radical politics and new lifestyles.

Although the Vietnam protests finally subsided with the end of the war, the American Dream would never be the same again. A fundamental change in values underlying society was apparent during the short period from the mid-'60s to the early '70s. Led by the youth movement and fired by unrest on the college campus, the rebellion against traditional values reached its peak in 1970. Self-realization was promoted, with an accent upon spontaneity, personalization, encounter groups, sensory experiences enhanced by drugs, and freedom to choose a different lifestyle. "If it feels good, do it!" was widely touted by the new hedonists, much to the shock and dismay of the older generation (Yankelovich, 1972).

The pluralistic nature of American society and the diversity of lifestyles within it were generally recognized by the 1970s. But a new national consensus around which Americans could rally remained unrealized. Daniel Bell has characterized the state of America in the mid-'70s as a transitional period in development, a period plagued by a moral crisis due to the shrinkage of leadership, loss of *civitus*, and political apathy (Bell, 1975).

The confidence of Americans in their social and political institutions has been slowly crumbling for years. Repeated surveys by the University of Michigan's Institute of Social Research indicate that the long-term decline in trust began with a slow deterioration in 1964, followed by massive downturns in confidence during the Vietnam war and in the subsequent Watergate period. In spite of the expectation of many Americans that the Carter administration would revive the public's trust in government, results from the University of Michigan's Center for Political Studies' 1978 election survey showed that 60 percent of voting Americans indicated distrust of the government in general, while only 16 percent gave it high trust ratings (Miller, 1979). The trend continues under the Reagan administration, exacerbated by economic recession and continuing political controversy.

The 1960s can be thought of as the decade in which the pursuit of the American Dream was vigorously followed, with its resulting counterculture and turmoil. The 1970s forced us back to reality

and provided some breathing room for regaining our balance. The economic recession and structural changes in society characterizing the early 1980s are producing in many Americans a more conservative yearning for traditional values and stability. What changes have occurred in American families during this period and what is the outlook for the future? Recent analyses of national data from the Census Bureau provide a basis for examining changes in American families and projecting future trends.

Demographic Trends in American Families

Numerous reports have been published from the 1980 U.S. Census, as well as from continuing population studies within the United States. Particularly noteworthy among the publications are the *Current Population Reports*, Series P-20, and the Census Bureau's preliminary report (1982) of the 1980 Census based on an eight percent sample of the entire population (Robey and Russell, 1982). Comparison of the characteristics of Americans and their families today with those of 1970 or earlier years reveals a number of significant shifts.

The 1980 population of 226.5 million Americans represents an increase since 1970 of 11 percent, one of the lowest growth rates in recent decades. However, the sunbelt did not reflect this slowing growth rate. Rather, migrants from the northern parts of the country to the South and West joined immigrants from Latin America to produce the fastest growth in such states as Florida, Texas, Arizona, and California.

This migration is reflected in the United States today by increased cultural diversity. One out of every nine Americans prefers to speak a foreign language at home; nearly one-half of these speak Spanish. The number of Americans who were born in Mexico has doubled since 1970. The ethnic composition of major central cities has now shifted to the point where only 23 percent of the residents are non-hispanic, white persons, while the proportion of blacks has increased to 56 percent. In a reversal of the

previous trend toward urbanization, rural areas in the United States experienced a 16 percent increase in population compared to only 10 percent growth in metropolitan counties.

These major demographic shifts are accompanied by a number of other changes in the population that have far-reaching implications for future policy concerning American families. Let's look more closely at some of the specific trends of the past 10 to 20 years.

Rising educational and occupational levels. Today Americans are better educated than ever before. Two out of every three adults over the age of 25 are high school graduates, and one-half of these have gone on to at least some college-level studies. Ten years ago only half of the adults were high school graduates, and only 21 percent had any college experience. Accompanying the rising educational levels is a decided occupational shift upward; 23 percent of all employed persons are in professional or managerial occupations. Another 43 percent provide support for these professionals and managers as technicians, secretaries, and service workers. Less than 3 million of nearly 100 million employed persons in the United States are still in occupations of farming, fishing, or forestry.

Increased number of women in the labor force. The percentage of women over the age of 15 who are employed has risen dramatically from 37 percent in 1970 to over 50 percent today. The same figure for men has stayed at about 75 percent participation in the labor force. It is clear that the primary source of potential new workers for the U.S. economy during the past decade has been women. Nearly two out of every three women with children over 6 years of age are now in the labor force. For the first time in history, families with two or more workers are in a majority. It is anticipated that during the next decade, two-thirds of the new entrants into the labor force will be women. While the quantitative gap between numbers of employed men and women has grown appreciably smaller during the past decade, there has been relatively little effort to facilitate the full integration of women into professional, managerial, technical, and production jobs.

Shift in child care arrangements of working mothers. In 1958, 57 percent of the preschool children with working mothers were cared for in their own homes by relatives or friends. Only five percent of working mothers used group care services, and about 11 percent kept children with them while working. By 1977, this pattern shifted radically. Only 29 percent of preschoolers whose mothers were employed full-time were cared for in their own homes. Most of the remainder were cared for in someone else's home or in a day care center with a group of children (O'Connell, Orr, and Lueck, 1982).

Where mothers were working only part-time rather than full-time, they were better able to look after their children themselves while at work, and they were much more likely to use their own homes as places for providing child care by a relative or neighbor. This shift from child care services at home to day care centers or the home of an unrelated individual where services are paid for by the mother is evident for all socioeconomic levels. As one would suspect, older children are placed in child care centers more frequently than are younger children. In an analysis of these trends, O'Connell, et al, (1982) predict that the integration of work and family life will become basic to social organizations in the future.

Smaller size families and more unrelated households. The number of households grew 27 percent during the past decade—two-and-a-half times as fast as the population. This household shift arises because living arrangements have been changing rapidly for large numbers of Americans. The average household size fell from 3.11 persons in 1970 to 2.75 persons in 1980. The number of persons living alone increased from 10.9 million to 17.8 million individuals—eleven women for every seven men living by themselves. The number of young adults living alone has more than tripled in the past ten years.

Fewer intact families. While the number of family households composed of married couples increased only 10 percent, the number of families headed by women grew 51 percent, and the number headed only by men grew 44 percent above 1970's count.

The number of families in which there were children under 18 years of age living with two parents or stepparents dropped from 85 percent to 77 percent. One out of every three children will live with divorced parents at some time.

Delay in age of first marriage. The average age of first marriage for women has moved from 20.8 to 22.1 years in the past decade. A similar delay in marriage is also characteristic of men; the average age of first marriage has gone from 23.2 to 24.6.

A tripling of unmarried couples in the same household. The number of households comprised of unmarried couples living together has increased dramatically from 523,000 in 1970 to 1,560,000 couples in 1980. Nearly all of this growth is due to the ten-fold increase in the number of young couples living together. For most of these couples, marriage will eventually be the answer, but for at least a significant period in their lives, they will stay together as unmarried couples. This group still represents only three percent of all American couples sharing households, as compared to 15 percent who are unmarried couples in Sweden.

Doubling of divorce rate. The number of divorced women per 1,000 married has increased from 60 to 120 in the past 10 years. A comparable increase from 35 to 79 is characteristic of men. The highest rates are apparent among blacks for whom 203 per 1,000 marriages end in divorce. There were nearly two million divorces in 1980. Divorced men remarry more often and sooner than do divorced women. There is a slightly higher risk of divorce in the second marriage. As Weed (1982) notes in actuarial studies of marriage cohorts, one out of every three marriages in 1952 has ended or will end in divorce. If current divorce rates continue, one-half of all recently married couples could eventually divorce. It should be pointed out, however, that marriage continues to remain the norm since subsequent marriages are increasingly frequent.

Lower mortality and rise in life expectancy. Infant mortality has dropped sharply in the past 20 years. The mortality rates of 12

per 1,000 and 21 per 1,000 for white and black infants, respectively, are less than half the levels of infant mortality experienced 20 years ago. As Americans pay more attention to their health by increased exercise, reduced smoking, and more wholesome diets, life expectancy has risen to the point where today the average 65-year-old male can look forward to 14 years of retirement, while his female counterpart can expect more than 18 years—a life expectancy of 83. One exception to this generally positive outlook is the higher mortality of young people due to accidents and suicide. From 1950 until 1978, there was a 35 percent rise in teenage traffic deaths and a three-fold increase in the prevalence of suicide among young men (Robey, 1982).

Americans as an aging society. The median age of the population is now 30 and will continue to rise in coming years because the large baby-boom generation, aged 16 to 33 at the time of the 1980 Census, continues to advance in age. The fastest growing segment of America today is the people who are over 85 years of age. Only a decade ago, the number who were 100 years or older was 3,200 in the United States. Today, there are four times as many centenarians. If one defines elderly as over the age of 65, the number of older citizens in America will grow steadily from 24 million in 1980 to almost twice that many 40 years later. Among the elderly, women outnumber men by 4.5 million, and this proportion will increase still further in coming years. Most older men are married, while most older women are widows. Only six percent of older Americans are in nursing homes, hospitals, or other institutions. Nearly one-third live alone, while the remainder live in families. One out of every four who lives alone is classified as poor.

In his extensive studies of changes in American family life, Glick (1979) has projected a number of important future trends based upon population developments. Changes will be much slower over the next two decades than they were during the last 20 years.

First, we can expect a continuing postponement of marriage. The longer young adults postpone marriage, the more likely they

are to remain unmarried throughout life. Consequently, instead of all but five percent of adults marrying, nearly ten percent of adults who are now in their twenties may experience a lifetime of singlehood.

Second, the shortening span of childbearing due to later marriage and lower expectations for number of children will lead to a much longer period of adult life without children.

Third, the rapid rise in divorce rate will begin to slow down, a trend that has already been evident the past several years.

Fourth, there will be a continuing increase in one-parent households, although the large majority of people will continue to live in households with both parents present.

And fifth, more young adults will be living alone, a trend that will continue into the future.

Glick concludes that families in one form or another are here to stay in spite of the alarming trends frequently featured in the popular press.

The average American has greater material wealth than his counterpart of 20 years ago. But are most Americans happier? An individual's sense of well-being depends on the satisfaction of three basic kinds of need—the need for a sense of possession, the need for relating to others, and the need for self-fulfillment. Material wealth is totally inadequate as a predictor of satisfaction in domains of life concerned with interpersonal relations—marriage, family life and friendships. It also fails to relate to the most important single contributor to enjoyment of life in general—one's satisfaction with self.

Long-range studies by the University of Michigan's Institute of Social Research indicate that over the last 20 years income has tended to lose its force in America as an indicator of subjective well-being, especially among people with a college education (Campbell, 1981). During long periods of relative prosperity, the needs for interpersonal relationships and a favorable self-evaluation become more important. The one factor found to be highly associated with people's sense of well-being is the surrounding social environment—the family, the neighborhood, and the community within which one lives. Restoring this sense of community in America should be the first item on a public policy agenda for the 1980s.

The demographic changes noted above are concerned only with the broad trends in American families. Great progress has been made during the past two decades in improving the educational level, health status, and general well-being of most Americans. These improvements reflect advances in basic social conditions, educational facilities, environmental health, and medical care. There has been a remarkable growth of government-sponsored programs aimed at improving the quality of life for large segments of the population who previously had limited access to resources and services. The many thousands of government-sponsored programs in health, education, and welfare the past 20 years have demonstrated that national policies can be effective.

Some Disturbing Social Indicators

In spite of encouraging signs of progress, social indicators of disturbance in American society have been rising for the past 20 years. Annual rates of crime, suicide, and mental illness remained fairly level until 1960 when they suddenly rose. Continuing their steep climb through the early 1970s, most of these indices flattened out or even fell slightly in the late 1970s. But some are beginning to climb once again as a result of hardship and disillusionment in the economy.

Recent improvements in the quality of life for children have not benefited all segments of the population equally. As pointed out by the Report of the Select Panel for the Promotion of Child Health (1981), for some groups of children and in some categories of problems, the situation has improved little or may actually be getting worse. Equal access to health and human services is a goal that continues to prove elusive.

Some disturbing statistics assembled by the Select Panel for the Promotion of Child Health illustrate areas of greatest need where minority families and the poor still suffer in far greater proportions than do the majority of Americans.

1. About one-third of all black children are estimated to suffer some kind of nutritional deficit, as compared with less than 15 percent of white children.

2. Preschoolers in the poorest families are sick twice as many days out of the year as those in high income families.

3. Four times as many poor children under 18 report unmet medical needs as do affluent children.

4. Infant death rates in 1977 were four times higher for babies born to women who received no prenatal care (significantly more often poor, black, adolescent, or unmarried women) than for those receiving at least some care.

5. Over 90 percent of all low-income children are below the recommended dietary intake for iron, and over 50 percent are lacking in one or more essential vitamins.

6. Of the 20 percent of all children in the United States who have problems of visual acuity, a relatively high number, especially among low-income children, go undetected or untreated.

7. Up to one million children each year are still the victims of child abuse and neglect.

8. About 11,000 girls under the age of 15, mostly from poor families, give birth each year, with accompanying high risk of medical, psychological, and economic disaster.

9. Between 1975 and 1979, the proportion of high school seniors reporting alcohol use within the preceding month climbed from 68 to 72 percent; marijuana use from 27 to 36 percent; and cocaine from 2 to 6 percent.

Public schools continue to be the most critical social institution within which to provide special services for children with serious unmet needs. One of the most important bills passed by the U.S. Congress in 1975 was the Education for All Handicapped Children Act (P.L.94-142), which provides both funding and detailed requirements for education programs for handicapped children throughout the nation. The purpose of the law is to ensure that handicapped children receive an education appropriate to their specific needs through the public school systems.

While federal funding of special education programs amounts to no more than 15 percent of the costs of special education for handicapped children, this Act and related legislative and administrative rulings have greatly improved human services for children

with special needs. Well-defined procedures are specified that include professional diagnosis, parental involvement, an individual education plan for each child, alternative placement of children, and follow-up to evaluate progress. An emphasis is placed upon serving the children in the least restrictive environment compatible with the handicap.

While most areas of special education have proven highly beneficial, serious questions still continue to be raised concerning racial inequities in dealing with the mildly mentally retarded child. A special panel of the National Research Council was formed to deal with these issues in the selection and placement of students in programs for the educable mentally retarded. The panel developed a strategy for achieving equity that is now being debated in the formulation of national policy (Heller, Holtzman, and Messick, 1982). The disproportionate representation of minority students in special education programs for mentally retarded but educable students would not be a national issue if such placement actually helped to overcome the recognized deficits. Unfortunately, in all too many cases, placement in special classes for the educable mentally retarded stigmatizes the child by labeling him or her as mentally retarded, provides a generally inferior rather than superior education, and leads to a dead end which is only partially overcome when the child leaves school as a teenager.

Public Policy and Human Services

Public partnerships at the national, state, and local levels emerged during the 1970s in such fields as mental health, child development, family welfare, health, education, criminal justice, and urban planning. As in the example of special education noted above, the role of the federal government has been largely one of setting broad national guidelines, supporting research and demonstration projects, and providing a portion of funding for operating

programs. The role of state government has been one of major funding, direct provision of services, technical assistance, and licensing of individuals and organizations. Local government continues to be responsible for a major portion of funding and the delivery of services, tailoring the pattern of activities to meet local needs.

Many local organizations providing services and developing projects are privately organized as non-profit enterprises. The balance between public and private and between national, state, and local sources of support developed well in an expanding economy. But once the economy stagnated in the late 1970s, many latent political issues boiled to the surface in public debate.

In 1980 the nation elected Ronald Reagan as President on a platform of reducing federal expenditures, especially for social programs. Within a few days of taking office in 1981, President Reagan issued orders to cut drastically expenditures in most areas of government, especially within health, education, welfare, housing, urban renewal, and energy. Within a few weeks it was apparent that a new and very different public policy was indeed being implemented—a policy that would reverse many of the policies that had been confidently developed over the past generation. It was believed by many of the President's supporters that federal expenditures had gotten out of control, that future obligations would bankrupt the country if not reversed, and that most of the balance should be shifted sharply from federal to local or state funding and responsibility. Most of the selective cuts at the federal level were made in the first year of the Reagan administration. Remaining personnel within the government funding agencies have once again started to develop orderly programs with some promise of continuity.

Economic weaknesses in the nation still remain unresolved. As Arthur Blaustein (1982) has pointed out in a scathing indictment of the Reagan administration, it is an illusion that economic policy can be separated from social policy; there is a very real price to be paid for the reduction of human and social services. The massive across-the-board cut in social and human service programs, the transfer of federal authority and program responsibility to the states, the tax cuts, the tight monetary policy and the marked increase in defense budget constitute structural changes in the

relationship between federal, state, and local responsibilities, as well as ideological shifts in philosophy that have profound implications for the future of the nation.

While the recent selective cuts in federal support of social research and human services have been a real shock to the scientific and professional community, when viewed in the longer-range perspective of the past 50 years, they are not nearly so devastating. Until the late 1940s, most of the research, demonstration, and service programs within the broad fields of health, education, and social welfare were initiated under private, non-profit auspices.

Private initiatives continue to be a unique and major strength of American society. Often referred to as the independent sector, such private activities can be classified into one of five major categories: (1) individual gifts of money or material goods, (2) individually volunteered time and energy, (3) voluntary non-profit organizations dedicated to a cause, such as the American Red Cross or the Mental Health Association, (4) corporate gifts by business and industry, and (5) private philanthropy by foundations. In 1981, private giving in America totaled $53.6 billion. In addition, the dollar value of time volunteered by Americans in a variety of social and community services amounted to $64.5 billion in 1981.

Both private and public funds are seen as essential to the success of human services at the community level. While the main source of funds must remain public appropriations from the federal and state levels, delivery of human services will prove truly effective only if private and local funds are assured, together with the enthusiastic voluntary contributions of local citizens. The American tradition of private giving for public purposes preserves the essential elements of freedom and flexibility that are critical for local success. How all the needs of a community relate to one another and how one defines the nature of services in terms of local tradition, local resources, and local motivations are concerns beyond the reach of both federal and state governments. How private and public initiatives can interact in developing a network of services for children and their families can best be illustrated by looking at a developing program in a major metropolitan area.

The Hogg Foundation in the City of Houston

Among the important private foundations in the United States devoted to research, demonstration projects, and services for children and their families is the Hogg Foundation for Mental Health at The University of Texas. As an integral part of The University of Texas System, the Foundation has been supporting a wide range of projects in mental health throughout the state of Texas since 1940. Principal funds for the Foundation's activities come from endowments provided by a distinguished Texas family. With the death in 1975 of Miss Ima Hogg, the last survivor of the family, a second foundation, the Ima Hogg Foundation, was endowed by her residual estate. Under the administration of The Hogg Foundation, this new endowment provides for grants to non-profit organizations in Houston to develop improved mental health services for children and their families in the metropolitan area. In the first six years of its existence, the Ima Hogg Foundation made 40 grants totaling nearly $1.5 million dollars.

With a population approaching three million, the metropolitan area of Houston is one of the largest and fastest growing in the United States. The population has increased 45 percent in the past ten years. Comprised of about two million whites, one-half million blacks, and slightly fewer hispanic persons (mostly of Mexican descent), the city has all the richness, opportunities, and problems characteristic of other large urban centers. Although the median family income is nearly $24,000 a year, 8.3 percent of the families fall below the poverty line. The city has grown so rapidly and with so little long-range planning that some inner city areas have decayed badly while others are located long distances from places of employment.

A number of surveys of resources and of unmet needs clearly show the fragmented, disjunctive nature of services, both public and private, as well as the huge gap between existing services and unmet needs. The nature of the problem is dramatically illustrated

by a few sample statistics compiled for a major conference sponsored by the Foundation in July 1982 dealing with "Houston's Children in Crisis."

1. In one year, 5,195 confirmed cases of abuse and neglect involved over 8,000 victims. (Harris County 1981 statistics on child abuse and neglect were provided by James C. Marquart, Ph.D., Assistant Commissioner for Protective Services, Texas Department of Human Resources)
2. Over half of women age 18 and under who gave birth in Houston in 1980 were unwed. (*Houston-Harris County Demographic Profile 1980,* compiled by Planned Parenthood of Houston and Southeast Texas [figures compiled from city records])
3. Forty percent of all female-headed households with children under six in Houston have incomes below poverty level. (U.S. Bureau of the Census. *Provisional Estimates of Social, Economic, and Housing Characteristics: States and Selected Standard Metropolitan Statistical Areas.* PHC 80-S1-1. Washington, D.C.: U.S. Government Printing Office, 1982)
4. Houston schools enrolled 7,538 physically handicapped children in special education during a recent school year, one-third of whom had multiple handicaps. (Houston Independent School District. A compilation of general statistical information. Houston Budgeting and Operational Review, Houston Independent School District, 1981)
5. Houston schools also rendered services to 1,290 mentally retarded and 9,363 learning disabled children during the same year. (Houston Independent School District, Budgeting and Operational Review, 1981)
6. There are an estimated 5,208 children in need of short-term, inpatient psychiatric care in the Harris County Area. (Greater Houston Hospital Council, Harris County Hospital District, Harris County Medical Society, Harris County Psychiatric Hospital, Houston Psychiatric Society, Mental Health-Mental Retardation Authority of Houston and Harris County, Mental Health Association of Houston and Harris County, Texas Research Institute for Mental Sciences: *Mental Health Needs Council Report,* 1980)

7. During 1981 17,117 referrals involving 12,318 children were made to the Harris County Juvenile Probation Department. ("Trends in Delinquency," *Newsletter* of the Harris County Juvenile Probation Department. Houston: June, 1982, p. 3)
8. Harris County has an estimated 29,000 problem drinkers between the ages of 13 and 17. (*1982-1984 Regional Alcohol Abuse/Alcoholism Plan*, Houston-Galveston Area Council, May 1982, p. 9)
9. There are roughly 15,000 inhalant abusers under 21 in Harris County. (Bonnie Britt, "Officials: Shoeshine Lead Offender," *Houston Chronicle*, Section 6, page 2, 25 October 1982)

Working closely with mental health professionals and voluntary citizen organizations, the Hogg Foundation in 1977 embarked upon a major program of develping a network of comprehensive mental health services for children and their families in Houston and Harris County. A first major grant of over a half million dollars spread over a six-year period was made jointly to the new University of Texas Medical School's Department of Psychiatry and to the Houston Child Guidance Center, a well-established, private agency which provides a wide range of mental health services to children. This grant attracted additional funds from federal and state sources, enabling the Department to establish a Division of Child Psychiatry in close cooperation with the Houston Child Guidance Center, Hermann Hospital, and several other local institutions.

Additional grants were made to the DePelchin Faith Home, an agency that had provided residential care for homeless children. During the subsequent two years, the agency was transformed into a residential care program for severely emotionally disturbed children. A strong professional staff was assembled, and a major citizens' advocacy group, Can-Do-It, pledged additional private funds to complete the program. Two cottages, each housing emotionally disturbed children, and a ten-bed hospital for very severely disturbed youngsters now constitute the residential care program.

The Ima Hogg Therapeutic School was established to serve disturbed children aged six to twelve at the Houston Child

Guidance Center. Soon thereafter, the Adolescent Day School was started under the Authority for Mental Health and Mental Retardation in Harris County. This school serves children aged 13 to 17, providing special day-care programs for teenagers who could still live at home. Avondale House for autistic children and Houston Achievement Place's program of independent apartment living for disturbed youth represent new half-way houses, bridging the gap between residential care and living at home. Other special projects extended still further the alternative living opportunities and special services for children and youth who are abused, emotionally disturbed, or developmentally disabled.

Several new programs reached out to black and hispanic minorities with their special problems. Large commitments from other foundations, as well as long-term funding from private corporations, were stimulated by major grants to provide special services for young teenage mothers and their infants in Houston's impoverished Fifth Ward. The Adolescent Primary Health Care Center is closely coordinated with the public schools in order to provide health and mental health services to these adolescent mothers while encouraging the continuation of their education and preparation for adulthood.

Family counseling and parent life education programs for Spanish-speaking parents were undertaken by the Family Service Center of Houston. A major parent-child development center had been established earlier to provide intensive preschool group experiences for Spanish-speaking, Mexican-American children where mother and child could work closely together on a daily basis. In this Houston model program supported mainly by the federal government, a child enters the program at the age of 12 months when a bilingual worker makes home visits to introduce the mother to a number of techniques for intellectual stimulation of the child. The mother is coached in her communications with the child in order to promote cognitive and personality growth while maintaining strong affectional bonds with her child. Both mother and father, as well as brothers and sisters, are included in the program, and the techniques are carefully adapted to the cultural milieu in which the family lives. When the child is two years old, mother and child attend a special nursery school four mornings a week. Videotape recordings of mother-child interac-

tions are played back for the mother in order that she can see where she is facilitating or inhibiting desired behavior in the child. Although federal support has been withdrawn from the program as part of the national budget reductions, the families continue to work together in transmitting parenting ideas and family life education.

In families with both mother and father employed, thousands of youngsters are left unsupervised after school. A new program, begun with Foundation support, provides for counseling and back-up security assistance for such "latchkey" children through neighborhood centers across the city. Strengthening the web of informal family-support systems within the many neighborhood communities is an objective of highest priority to compensate for the absence of parents, both of whom may be working in places far removed from the child's school and home.

Each of these new programs is linked together in a network of information exchange and referral. Although tenuous at first, the network grows stronger each year as it expands. Heightened public awareness and a sense of urgency about expanding the programs and providing more effective services are also vigorously encouraged. Over 1,000 citizens in Houston participated in a weekend of major conferences sponsored by the Hogg Foundation in July 1982. Ranging from dedicated professionals to lay volunteers, from consumer advocacy groups to government leaders and officers of major corporations, the citizens of Houston have developed a new determination to provide better services for children and their families, with or without federal support.

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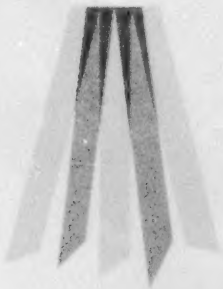

As scientists and policy makers, we have begun to discover ways to strengthen the forces for constructive growth and mental health within our families and communities. Enough is already known to see more clearly what must be done to help families in trouble if we are to survive as a society. Most families want to be responsible for their own development; most families also need help to accomplish their goals. Services for families and children should be made available on a universal basis. It must be remembered, however, that most mothers and fathers, given an opportunity, will provide loving care that otherwise must be purchased.

Rekindling the caring spirit in America is imperative. We need to rebuild our community spirit and to rediscover ourselves through altruistic service to others. A national commitment to high standards of achievement and to the private and personal pursuit of public good must be revived if the serious unmet needs of our families and children are to be fulfilled.

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